

**Child and Family State Collaborative  
Minutes for 9/28/01**

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| <b>Next Meeting Friday October 26, 2001    <u>Time:</u> 9:00am<br/>Raleigh;</b> |
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**Present Members:** Chair:Martha Kaufman (CFS), Carolyn Wiser (DMA), Joan Debruyn (CFS), Linda Gunn-Jones (CFS), Austin Conner (CFSA/NC), Sandra Sink (DSS), JoAnn Lamm (DSS), Steve Shore (NC Pediatric Society), Stephanie Nantz (GCC), Jennifer Mahan (MHA/NC), Ann Rodriguez (NC/CCP), Chuck Harris (DSS), Lynda Richard (MH/DD/SAS – DD Section), Joel Rosch (Duke CCP), Kirstin Preston (AOC), Joe Murphy (CFS), Robin Huffman (NC Psychiatric), Joann Haggerty (NC Child Advocacy Institute), Mark O'Donnell (CFS), Don Herring (CFS), Maria Fernandez (CFS), Stephanie Alexander (CFS) Lana Dial (AOC), Lee Lewis (DMH/DD/SAS – SA Section).

**Regrets:** Pat Solomon (NCFU), Donn Hargrove (DJJDP), Brad Trotter (MH/DD/SAS – D/HOH)

**Welcome and Introductions:**

**Meeting Materials and Handout distributed:**

- Initiatives to improve Organizational Functions (an implementation plan requested by Secretary Hooker Buell for Child and Family Services)
- Comprehensive Treatment Services Program Special Provision
- Residential Schools for the Deaf Special Provision
- Timeline of Events & Progress in Implementing the NC System of Care November 2000 to October 2001
- Coordinated Practice Review Halifax outcomes

**Meeting items are outlined as discussed below:**

1. Steve Shore (NCPS) complimented the Division for their prompt responses in mobilizing support for Children and families after terrorist attacks.
2. Legislative update on the MH Trust Fund
  - Jennifer Mahan (MHA) reported on one-time funding through the Trust Fund for developing community services.
3. Martha Kaufman summarized key points and issues underlying development of the Initiatives to Improve Organizational Functions Child and Family Services.
  - Dr. Art Robarge asked for information describing a plan for the next five years and what we can do to implement. This is a draft to be incorporated into the State Plan.
  - SOC demonstration CMHS grants are in 20 counties. The aim is to have a comprehensive SOC approach and to have all professionals and families working together across the state beginning now and in the future, rather than limiting efforts to pilots.
  - The SOC approach is consistent with the Olmstead decision, with the Comprehensive Treatment Services Program, and with recommendations made by various groups and consultants regarding NC's child mental health service system.

- 52 million ARC funds are dedicated to build tangible services through a SOC approach to help families keep youth in home/community, in school, and out of trouble.
- 3% of the ARC funds will be used to develop a RFA to build service capacity.
- Downsizing institutions – a systematic process is needed to consider how best to step youth down when they are ready. Community resources must be developed to meet the needs of these youth before they are discharged. MH Trust Funds will be needed for bridge funding.
- Training and technical assistance is urgently needed. Secretary Hooker Buell supports the need for intensive training in order to implement best practices. The MGT report to the Legislative Oversight Committee recommended that the State Collaborative should make recommendations to reduce/consolidate the number of local collaborative groups to avoid so much staff time spent in overlapping meetings. MGT also recommended that the State Collaborative make recommendations to the LOC regarding future plans for child residential facilities like Whitaker

4. Full State Collaborative Issues/decisions need to be made:

Martha noted recent agreement that it is time to change the chairperson of the full State Collaborative to a 'non' Mental Health representative, consistent with requirements of the local Community Collaboratives. Chuck Harris agreed to lead a discussion with the Group to make decisions on clarification on State Collaborative roles and responsibility, including the chair.

- Questions to the Group: Do we need a subgroup? What is the role of the State Collaborative? Are we an advisory, government body or the Group who allocates funds?
- Do we need to rotate a chair? The Group agreed to rotate a chair – possibly every six months. The Group nominated Joel Rosch and Pat Solomon (Families United/ECAC) to work together as co-chairs beginning November 30<sup>th</sup>. A rotation will be considered again in the next months.
- The Group agreed to hold the full State Collaborative meetings at a different location. Joann Haggerty, Child Advocacy Institute, offered their facility. It was agreed that the meeting would be held there in October and November.
- The 'sub' State Collaborative meetings will continue to meet on the other Fridays, at CFS conference room.
- The group agreed that the State and local Collaboratives need to have the same model.
- An important role of the local Community Collaboratives is the resolution of issues that Child and Family Teams cannot resolve; an important role of the State Collaborative is the resolution of issues that the local CCs cannot resolve.
- There was consensus that the State Collaborative needs to be on the 'radar' of the respective Division and Department heads.
- The State Collaborative will make recommendations regarding policy for children and families that cut across agency boundaries. They will make decisions related to implementation of the Comprehensive Treatment Services Program.
- Minutes of the meetings should be forwarded to the various directors' offices.

5. MOA Update

- The Collaborative discussed whether it is necessary to have both state and local subgroups to work on the MOA. It will be a four way MOA (DHHS, DJJDP, DPI, AOC). The Group agreed that the subcommittee would begin to work at the state level as model and next the local level. Local staff and families will be involved. A first rough draft will be provided for initial review at the next sub Collaborative meeting. Once the drafts are complete, representatives will take them forward for approval in their Departments.

6. RFA Update

- The RFA has been distributed to all potential applicants. On Tuesday, October 2, 2001, Child and Family Services will sponsor the Pre-application Bidders Conference beginning 10am at the DPI Education building. There is a need to form a RFA subgroup to review the applications.

7. Martha Kaufman reminded the Group about the Public Forums regarding the state plan and encouraged their participation.

8. Martha passed out of a handout that described the time line of events and the progress on the implementation of the System of Care since last November to give a sense of progress made.

9. Training Update

- Ann Rodriguez (NC Council) worked with the CFS Section to organize advisory workgroups comprised of Area Program volunteers to flesh out various implementation challenges (training, Comm. Collabs, budget/finance, etc.) to ensure that local staff perspectives were reflected in implementation decisions and to assist CFS staff in tackling massive implementation work. Joan DeBruyn (CFS) is working with the Training/TA workgroup, who has identified a need to pull together existing SOC trainers as an 'expert' pool. The training content and delivery regarding SOC must be consistent across the state. Regional staff across agencies have already formed Regional Collaboratives and attended some SOC training. However, more is needed in order that Regional staff have the tools and support necessary to provide TA to Community Collaboratives and Child and Family Teams. The goal is to provide a 'train the trainer' session (probably 2 days) across agencies, and with family trainers, and then pair the Regional staff with the SOC trainer pool to provide local training and TA. Recent changes in NonUCR requirements allow area programs more flexibility in obtaining SOC training. The Group agreed to have all the trainers gather for a meeting to get ideas from them regarding how to best proceed. Chuck Harris recommended including Joan Pennel, an international expert on Family Group Conferencing as a participant. Dr. Pennel works at NC State University. It was agreed that CFS would proceed with this plan, targeting a meeting with trainers in late October.

10. Coordinated Practice Review Halifax Presentation by Maria Fernandez

- Dr. Fernandez (CFS) presented findings by service testing, using the recent Halifax County results as an example. In this process, a representative sample of children, a cross-agency/family review team interviews youth, and their families and all others

involved in their care. Program administrators and other community decision-makers are also interviewed for a 'system level' check. The interviews are conducted according to a protocol that examines application of SOC approaches and gives the community a 'snap shot' of how their service system is working. Service Testing is utilized as a community assessment, outcomes and improvement tool in several states. The SOC grant sites in NC have been utilizing Service Testing for several years with great success. It provides a solid base line to track and promote SOC development. The process is designed to provide rapid feedback in a community-wide meeting. It was agreed that Service Testing should be the primary tool utilized to help develop and assess the ongoing development of SOC across NC.

In Brad Trotter's absence, Martha Kaufman shared information about the Special Provision related to Residential Schools for the Deaf. A meeting between DHHS, DPI, and Dr. Trotter is scheduled to begin planning for implementation.

**Meeting adjourned with a reminder a notice will be forwarded to announce the new meeting location at the Child Advocacy building and directions.**